

SCHOOL
ANNUAL DRIVER INFORMATION & CONSENT FORM

Driver's Name: _____ Date of Birth: _____

Address: _____
STREET CITY STATE ZIP CODE

Home Phone No.: _____ Mobile Phone No.: _____

Driver's License No.: _____ Date of Expiration: _____
(ATTACH PHOTO COPY OF LICENSE)

IN ORDER TO PROVIDE FOR THE SAFETY OF THOSE BEING TRANSPORTED, YOU MUST LIST ON A SEPARATE SHEET ALL ACCIDENTS OR MOVING VIOLATIONS YOU HAVE HAD IN THE LAST FIVE YEARS.

IF MORE THAN ONE VEHICLE IS TO BE USED, VEHICLE INFORMATION, INSURANCE INFORMATION, AND CERTIFICATION MUST BE PROVIDED FOR EACH VEHICLE.

VEHICLE THAT WILL BE USED

Owner's Name: _____
(PRINT)

Owner's Address: _____
STREET CITY STATE ZIP CODE

YOU CANNOT USE 15-PASSENGERS VANS OR ANY VEHICLE WITH SIMILAR CHASSIS TO TRANSPORT PEOPLE.

Year of Vehicle: _____ Make of Vehicle: _____

Model of Vehicle: _____ License Plate No.: _____ State: _____

Vehicle Registration Expiration Date: _____
(ATTACH PHOTO COPY OF REGISTRATION)

INSURANCE INFORMATION (Minimum Required Limits: Auto Liability \$100,000/300,000; Property Damage \$50,000)

I carry my own Automobile Liability Insurance with limits of \$ _____ and Medical Payments Coverage with limits of \$ _____

Insurance Company: _____ Company's Phone No.: _____
(ATTACH PHOTO COPY OF INSURANCE ID CARD)

Policy No.: _____ Expiration Date: _____ Agents Name: _____

CERTIFICATION

I consent to allow the school to perform a driving record check and a criminal background check on me. I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver I must be 25-years of age or older, possess a valid driver's license, and have the required insurance coverage in effect for the vehicle used to transport people on behalf of the school. Furthermore, I certify that the vehicle I am driving is properly registered and licensed, properly maintained, is safe for transportation, and I have the owner's permission to use the vehicle.

Signature: _____ Date: _____

COMPLIANCE CHECK LIST

Must be completed by authorized school staff member
Attach copies of item numbers 1-6 below to this form

FORM DATE:
(MUST BE FILLED OUT ANNUALLY. THIS FORM EXPIRES 1-YEAR FROM DATE)

Completed **Approved**
(WRITE IN DATE) **(INITIAL)**

- | | | |
|--|-------|-------|
| 1. Criminal Background Check | _____ | _____ |
| 2. Driving Record Check | _____ | _____ |
| 3. Received List of Moving Violations and Accidents
(If driver has no violations or accidents, indicate NA in "Completed" column) | _____ | _____ |
| 4. Received Copy of Driver's License | _____ | _____ |
| 5. Received Copy of Vehicle Registration | _____ | _____ |
| 6. Received Copy of Insurance I.D. Card or Certificate | _____ | _____ |
| 7. Up-to-date with Safe Environment Program education | _____ | _____ |

I approve this person as a volunteer driver for the parish

School Compliance Officer's Signature Date